

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/586623

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| 14 | 1 | | | | | |
| 15 | | | | | | |
| 16 | | 1 | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
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| 26 | | | | | | |
| 27 | 1 | | | | | |
| 28 | | 1 | | | | |
| 29 | 1 | | | | | |
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| 31 | | | | | | |
| 32 | | | | | | |
| 33 | | | | | | |
| 34 | 1 | | | | | |
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| TOTAL IND. | 8 | | | | | |
| TOTAL DEP. | 33 | | | | | |
| TOTAL CLAIMS | 41 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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